Workforce Race Equality Standards 25/26

NHS Humber Health Partnership
Northern Lincolnshire and Goole NHS Foundation Trust

NHS Humber Health Partnership

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Introduction

The Workforce Race Equality Standard (WRES) was introduced from 1st April 2015 by the National Health Service (NHS) Equality and Diversity Council (EDC).

The WRES seeks to prompt enquiry to better understand why BAME may staff receive poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.

In its simplest form, the WRES offers local NHS organisations the tools to understand their workforce race equality performance, including the degree of BAME representation at senior management and board level. The WRES highlights differences between the experience and treatment of White and BAME staff in the NHS.

The principal outcome of measuring performance against the standard is that it helps organisations to measure where they are against key best practice indicators, where they need to be, and how to plan for improvements to achieve and maintain optimum performance for each indicator. The WRES requires NHS organisations to demonstrate progress against specific workforce metrics including a metric on Board BAME representation.

The Trust's WRES submission, including a detailed breakdown of staffing numbers, can be found in the appendix of this report.

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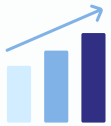
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Key Findings

The increase in BAME representation in-year is largely due to an increase in BAME staff within the non clinical workforce



The composition of Medical and Dental Workforce that is BAME stands at 71.7%



White staff are more than twice as likely to be appointed once they have reached the shortlisting stage compared to BAME staff



BAME staff are 2 times more likely to enter a formal disciplinary process compared to white staff. This likelihood has deteriorated in-year



The Trust Board BAME representation has decreased in-year from 14.3% to zero

The percentage of BAME Staff in Bands 8-9 and VSM is 6.9%, a decrease in representation since last year



In the last 12 months, BAME staff report a 8.2% higher negative experience than white colleagues in relation to harassment, bullying or abuse from patients, relatives or the public

White and BAME staff have equal opportunities to engage in non-mandatory training and CPD



The percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months is 28.3%, an impovement from 2024

The percentage of BAME Staff in the overall workforce remains at 18.4%. The same percentage as in 2025



46.3% of BAME staff believed that the organisation offers equal opportunities for career advancement or promotion



The composition of Non Clinical Staff that are BAME stands at 3.3%



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	WRES 25/26 Performance Comparison and Summary	24/25	25/26
1	Percentage of BAME staff in NHS trust by ethnicity	18.4%	18.4%
2	The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	2.04	2.08
3	The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.83	1.46
4	The relative likelihood of white staff accessing non–mandatory training and CPD compared to BAME staff	1	1.01
5	Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	34.1%	30%
6	Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	31.2%	28.3%
7	Percentage of BAME staff believing that their trust provides equal opportunities for career progression or promotion	46.3%	46.3%
8	Percentage of BAME staff experiencing discrimination at work from other staff in the last 12 months	21.8%	15.9%
9	Percentage difference between Board Membership and overall workforce	-4%	-18.4%

WRES Indicator 1

Table 1: Ethnic Composition of NLAG Staff

	Composition of Workforce	Compostion of Clinical Staff	Composition of Non-Clinical Staff	Composition of Medical and Dental Staff
BAME	18.4%	24.5%	3.3%	71.7%
White	78.8%	72.4%	94.7%	19.9%
Not Stated	2.8%	3.1%	1.9%	8.4%

As shown above, BAME staff are more prevelant in the clinical and medical workforce. In contrast, the non-clinical workforce—which includes roles such as estates, administration, domestic staff, and management—exhibits a lower representation of BAME individuals.

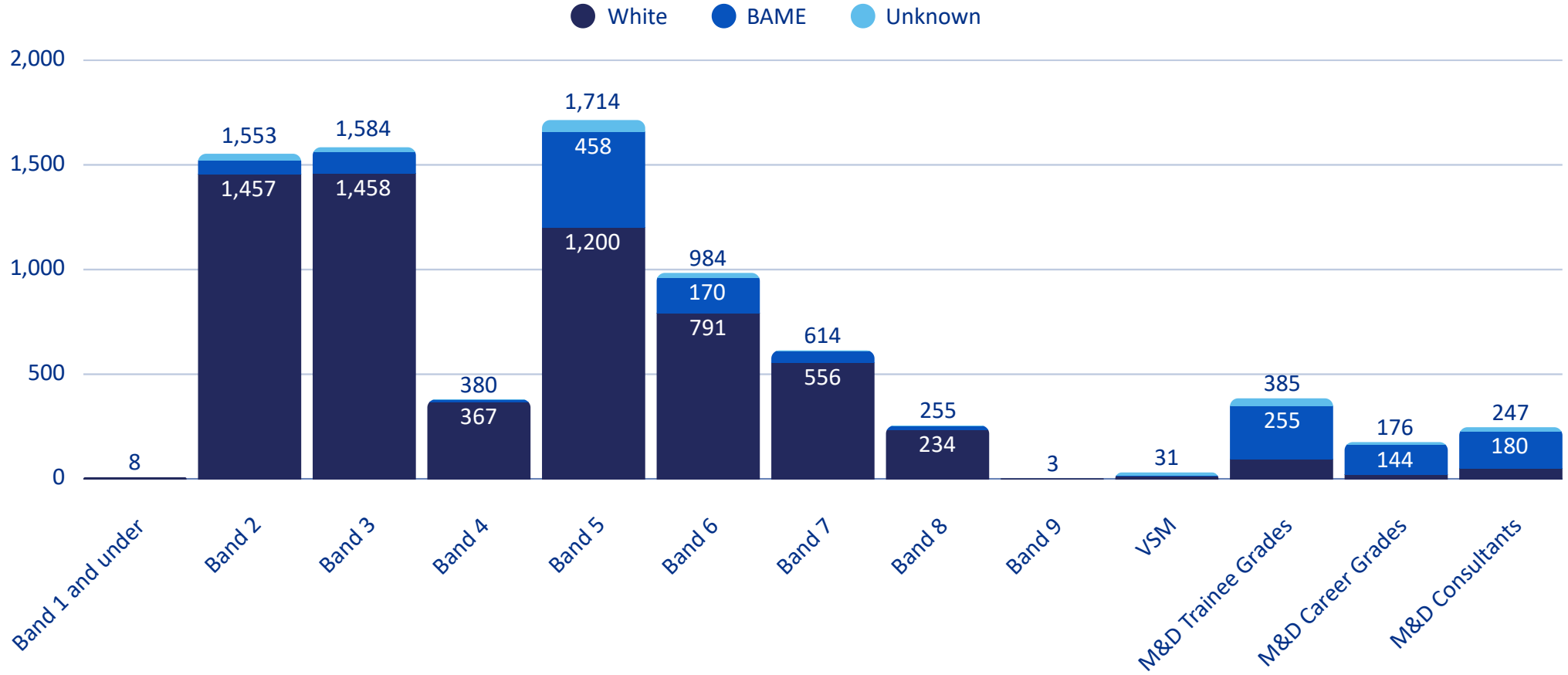
Moreover, the percentage of staff who have not disclosed their ethnicity is 2.8% of the total workforce, which is slightly higher compared to the previous year. A third of these 'unknown' ethnicity are among medical and dental staff where 8.4% of the medical and dental workforce have not declared their ethnicity.

The overall percentage of ethnic minority staff within the NHS as a whole, increased to 28.6% in 2024, rising from 17.7% in 2016 (NHS Providers 2024). NLAG falls below the national average for BAME representation. It is essential to acknowledge that this varies across different regions and reflects the diversity within local populations.

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WRES Indicator 1

Figure 1: Ethnic Composition of NLAG Staff



The bar chart illustrates the distribution of individuals identified as white, BAME, and those with an unknown ethnicity, categorised by band. BAME representation is lowest within Bands 2-3 and again at Band 8 and above. When considered by Agenda for Change (AfC), band 5 continues to see the highest percentage of staff from an ethnic minority, which is similar across all trusts (NHS Providers, 2024).

The percentage of BAME Staff in Bands 8-9 and VSM is 8.6%, an improvement on last year. Although, there is a lower percentage of BAME staff in Bands 8-9 and VSM compared to BAME representation within the overall workforce (18.4%). Following NHS England's recommendations, medical and dental grades (including trainee grades) are excluded from the Bands 8-9 and VSM figures, as these categories typically have a much higher proportion of BAME staff.

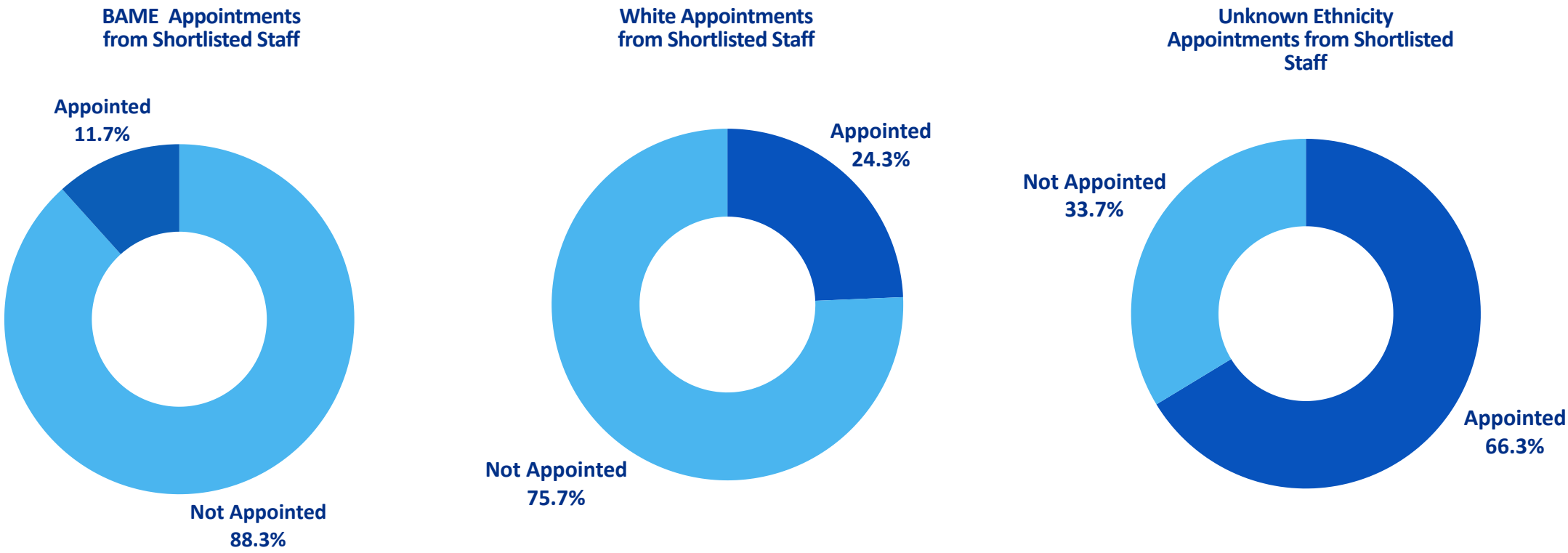
Across clinical and non-clinical staff bands, white staff make up the majority at all levels, particularly in higher bands and leadership roles, though there is representation of BAME staff across most bands.

**VSM (Very Senior Managers - this payscale is a non-AFC payscale for the most senior management staff and executive team)*

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WRES Indicator 2

Figure 2: Appointment from Shortlisting for all staff groups



The charts above illustrates the likelihood of staff being appointed from shortlisting, categorised by ethnicity. BAME staff have a 11.7% chance of being appointed at the shortlisting stage, whereas White staff have an 24.3% likelihood of being shortlisted. Additionally, candidates with unknown ethnicity have a 66.3% chance of appointment, indicating a need for more transparent demographic data collection during the early recruitment stages, particularly with medical and dental recruits.

The relative likelihood of White staff being appointed from shortlisting, compared to BAME staff, is 2.08. This indicates that White staff are twice as likely to be appointed once they reach the shortlisting stage when compared to their BAME counterparts, a very marginal increase since last year.

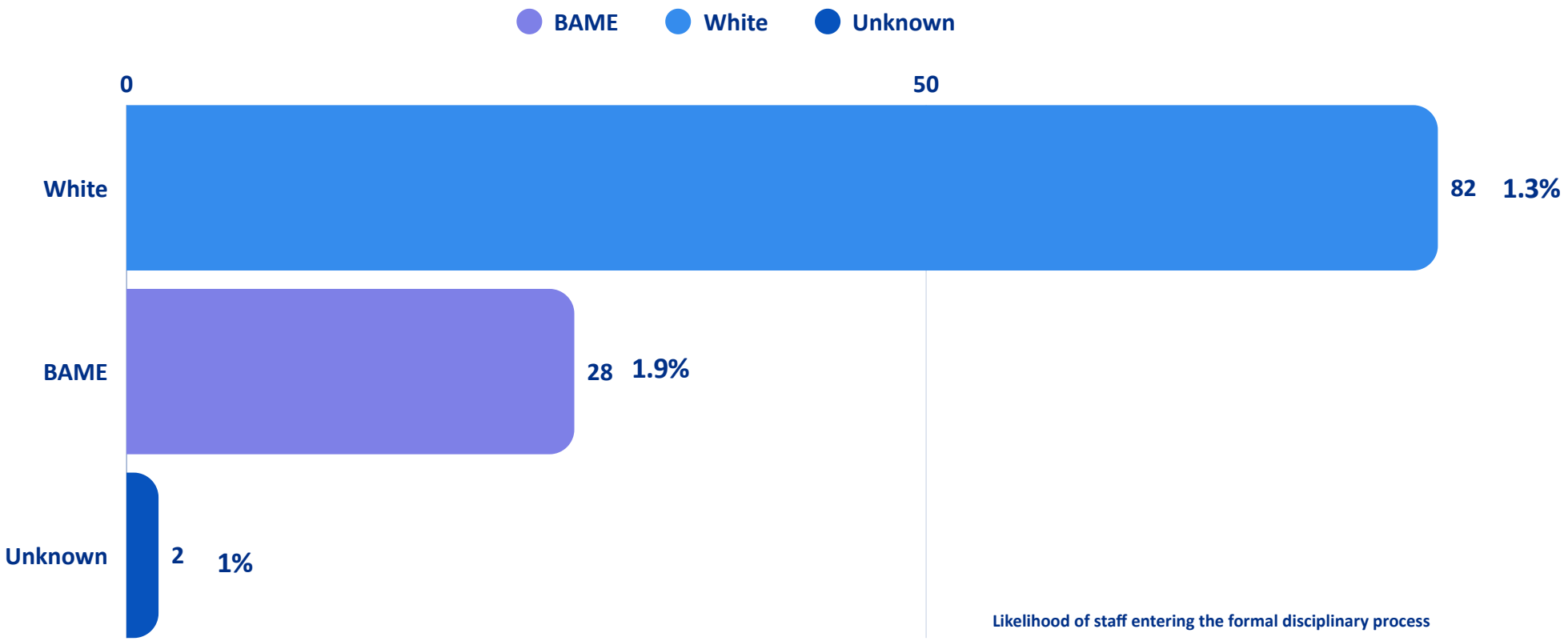
At NLAG, there has been a noticeable increase in overseas applications—driven by visa rule changes, AFC pay uplifts and increased use of AI-supported applications—which have significantly expanded the pool of BAME applicants entering NHS recruitment pipelines. With application volumes rising faster than available posts, a larger proportion of BAME candidates appear at the application stages.

The national relative likelihood has remained broadly unchanged since the inception of the WRES in 2016, meaning that this metric is proving the most difficult to improve on across the whole of the NHS (NHS Providers, 2024).

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WRES Indicator 3

Figure 3: Likelihood of Staff entering formal disciplinary procedure



The bar chart above depicts the likelihood of BAME staff entering a formal disciplinary process compared to their white counterparts. Currently, BAME staff are 1.46 times more likely to face such a process, which shows a positive change from last year's figure of 1.83.

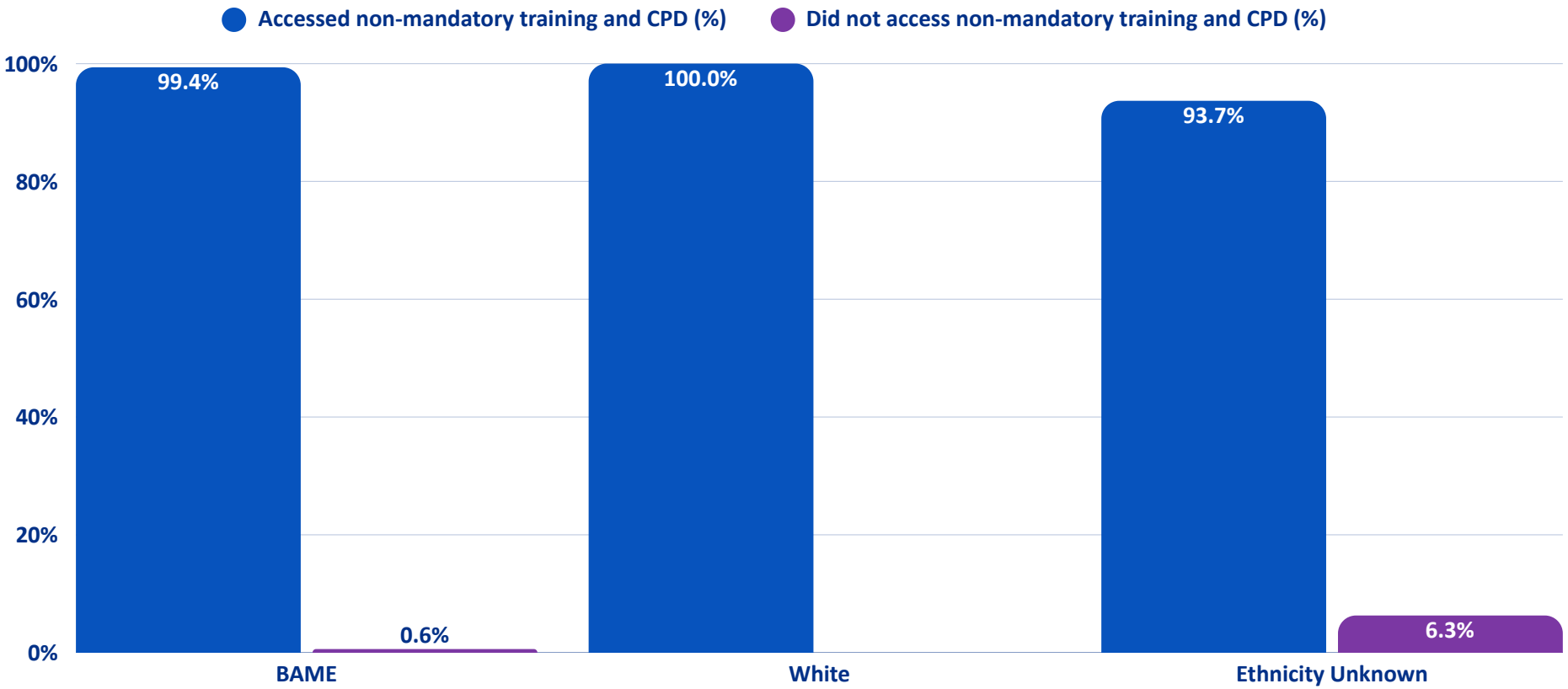
While these statistics remain relatively low within the overall workforce, they highlight an existing disparity; BAME staff are more likely to undergo the formal disciplinary process than white staff.

Note: The data includes informal processes through personal responsibility, meaning instances where no investigation occurred but a disciplinary sanction was taken.

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WRES Indicator 4

Figure 4: Likelihood of Staff accessing non-mandatory training and CPD



The probability of White staff participating in non-mandatory training and continuing professional development (CPD) remains at 1.01, mirroring last year's results. This suggests that both white and BAME staff have equal opportunities to engage in non-mandatory training and pursue additional professional development. Consequently, the probability is the same, signifying that accessibility for all staff, irrespective of race, is equal.

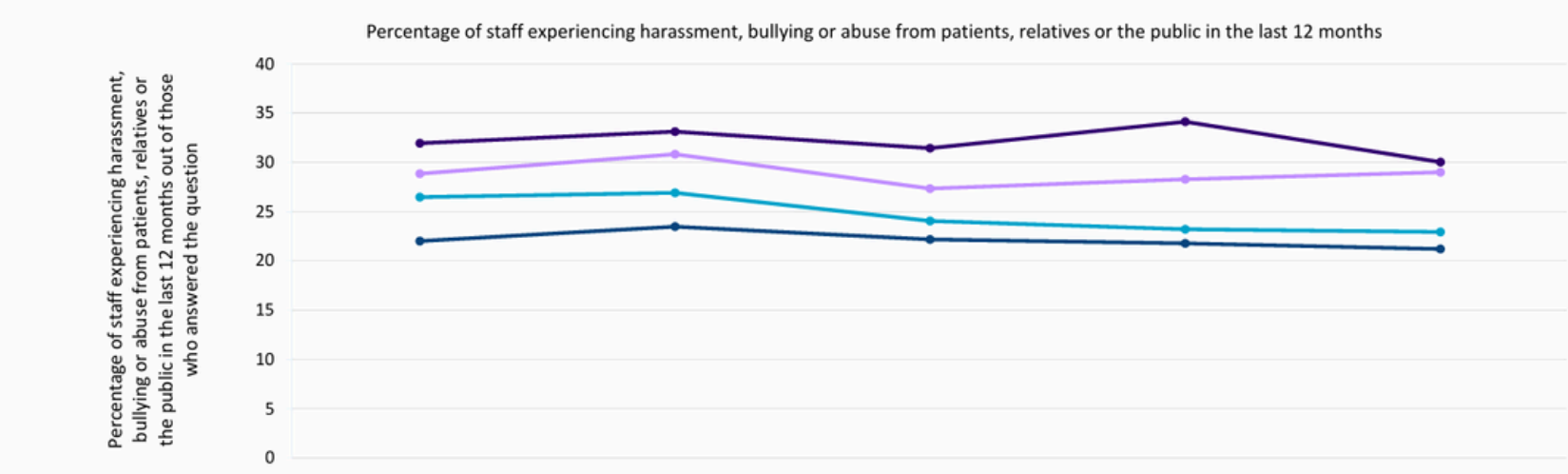
The relative likelihood for White staff accessing training is 1.01, indicating near parity.

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WRES Indicator 5

Figure 5 : Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The WRES indicators 5, 6, 7, and 8 reflect unweighted responses to essential findings from the NHS staff survey conducted among the staff of the Northern Lincolnshire and Goole NHS Foundation Trust. Additionally, it provides average scores for acute Trusts for comparison purposes.



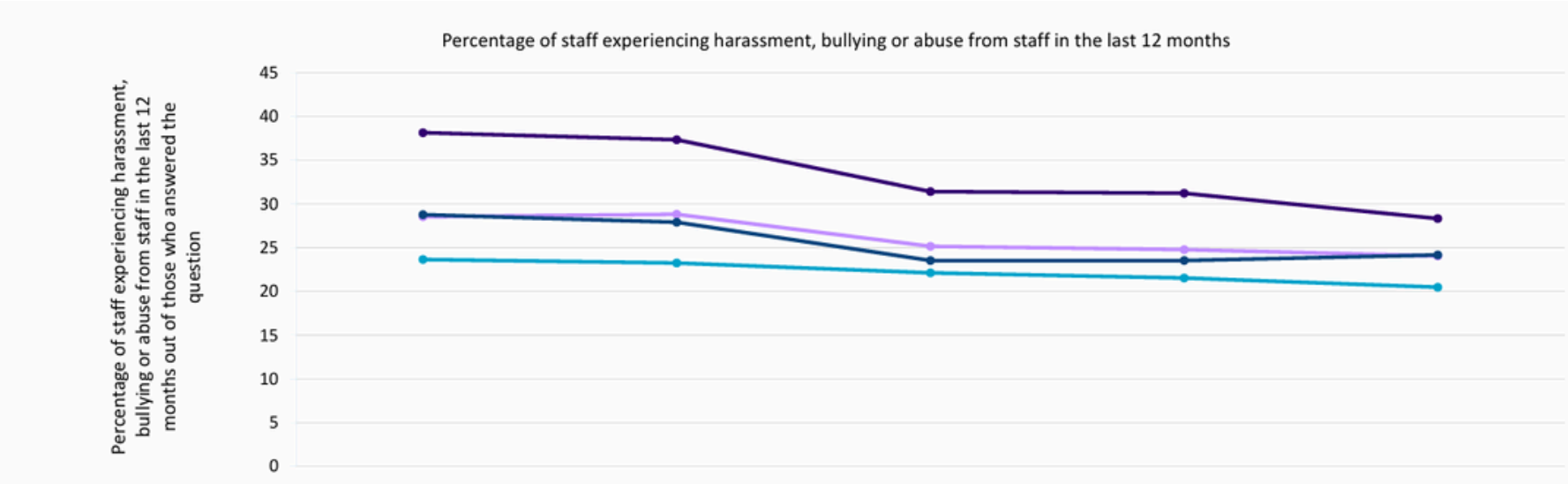
	2021	2022	2023	2024	2025
White staff: Your org	22.01%	23.47%	22.18%	21.78%	21.20%
All other ethnic groups*: Your org	31.94%	33.12%	31.43%	34.12%	30.02%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%
White staff: Responses	2131	2024	2718	2668	2769
All other ethnic groups*: Responses	216	311	400	510	463

BAME staff report 8.8% higher negative experience than their white colleagues, an improvement from 2024. This is below the average acute Trust score for the BAME staff, emphasising greater steps in creating an inclusive and supportive environment for all employees.

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WRES Indicator 6

Figure 6 : Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



	2021	2022	2023	2024	2025
White staff: Your org	28.77%	27.92%	23.54%	23.53%	24.18%
All other ethnic groups*: Your org	38.14%	37.34%	31.40%	31.23%	28.32%
White staff: Average	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups*: Average	28.53%	28.81%	25.16%	24.78%	24.06%
White staff: Responses	2127	2024	2709	2652	2759
All other ethnic groups*: Responses	215	308	394	506	459

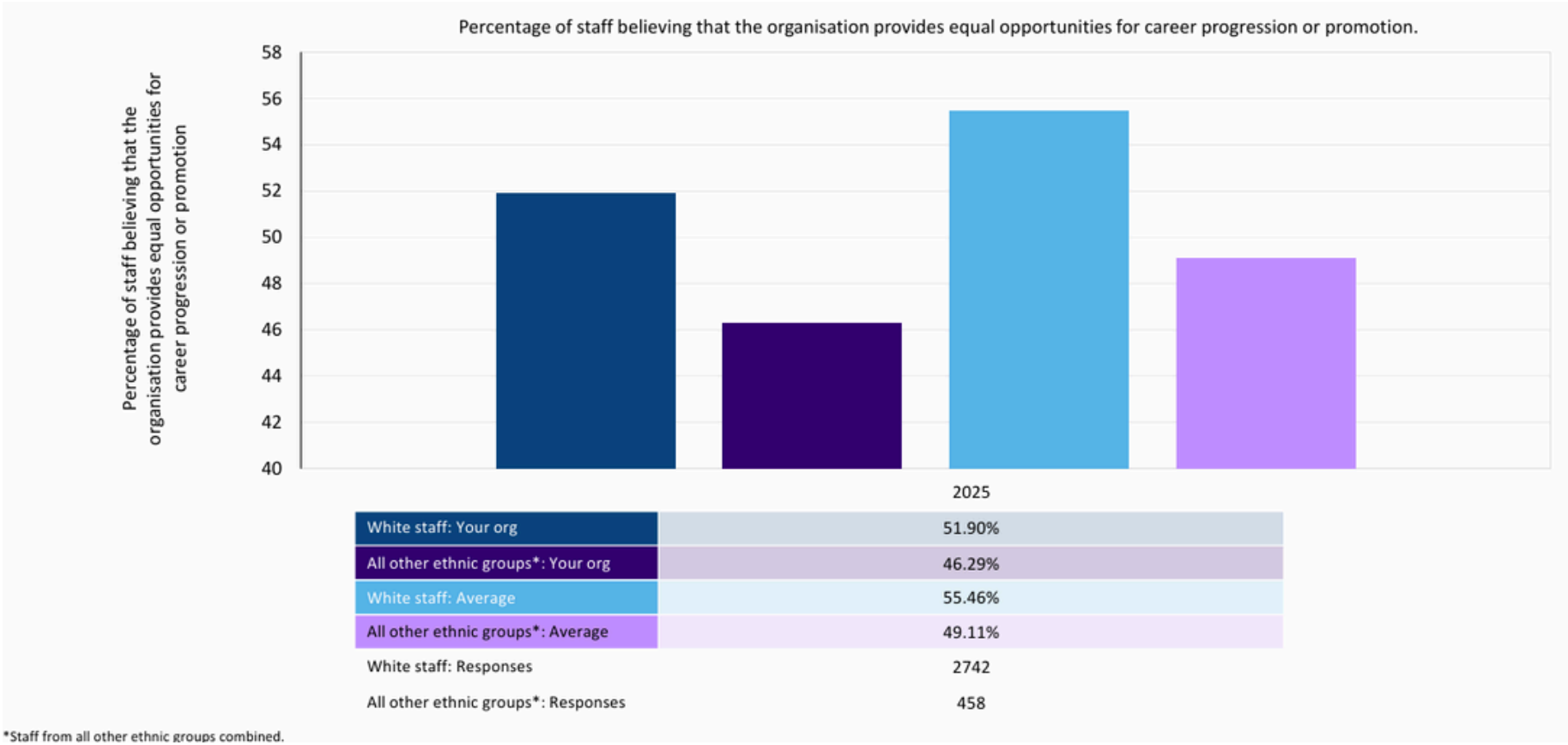
*Staff from all other ethnic groups combined

There has been a decline in the number of BAME staff facing harassment, bullying, or abuse from colleagues, however, BAME staff still continue to be more likely to experience harassment, bullying or abuse from colleagues, but with a much reduced gap of 4.14% between white and BAME employees compared to 7.7% the year previously. This figure is above the national average for BAME staff.

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WRES Indicator 7

Figure 7 : Percentage of staff believing that their trust provides equal opportunities for career progression or promotions



White staff: Your org	51.90%
All other ethnic groups*: Your org	46.29%
White staff: Average	55.46%
All other ethnic groups*: Average	49.11%
White staff: Responses	2742
All other ethnic groups*: Responses	458

*Staff from all other ethnic groups combined.

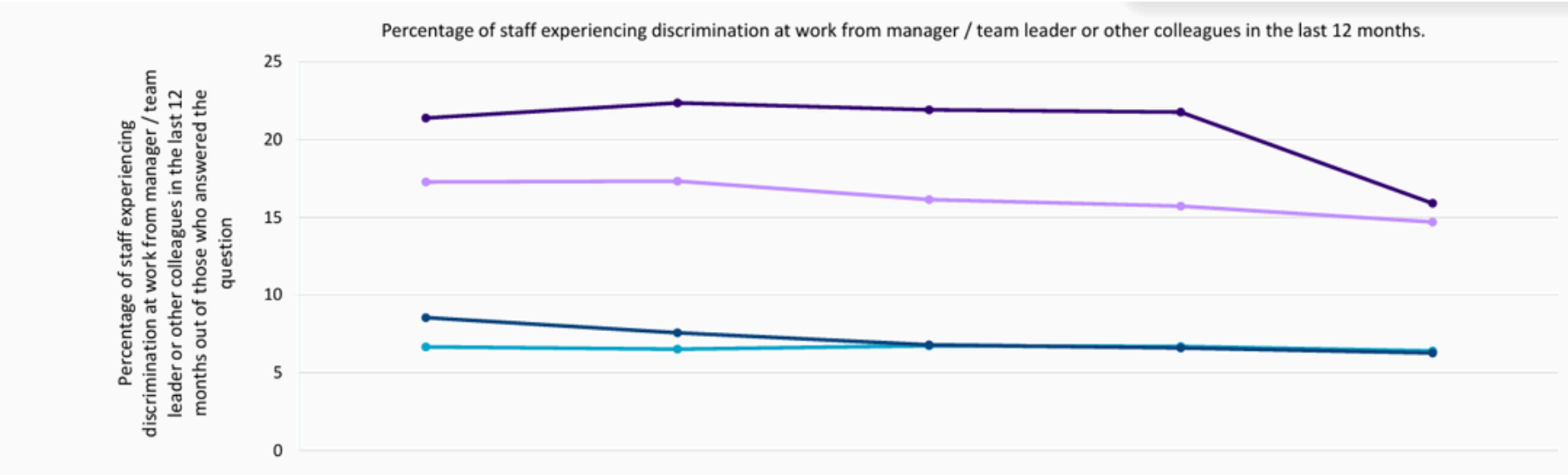
In 2025, 46.29% of BAME staff believed that the organisation offers equal opportunities for career advancement or promotion.

Note: Due to changes in the question wording in 2025, previous years' results for indicator 7 are not reported.

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WRES Indicator 8

Figure 8 : Percentage of staff experiencing discrimination at work from manager/team leader in the last 12 months



	2021	2022	2023	2024	2025
White staff: Your org	8.55%	7.57%	6.79%	6.60%	6.27%
All other ethnic groups*: Your org	21.40%	22.37%	21.93%	21.78%	15.90%
White staff: Average	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups*: Average	17.28%	17.33%	16.14%	15.72%	14.70%
White staff: Responses	2176	2022	2944	2635	2743
All other ethnic groups*: Responses	215	304	488	505	459

*Staff from all other ethnic groups combined

In 2025, 15.90% of BAME employees reported experiencing discrimination at work from their manager, team leader, or colleagues. Whilst this figure is above the national average reported for BAME staff. It is a notable improvement in this metric over the year down by 5.88% which is over a quarter better than the previous year.

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WRES Indicator 9

Figure 9: Total Board Composition



Figure 10: Voting Board Members



Figure 11: Non-Exec Board members



Northern Lincolnshire and Goole NHS Foundation Trust is part of the NHS Humber Health Partnership, functioning under a Shared Group Board and Leadership team. Staff members are employed by either the Northern Lincolnshire and Goole NHS Foundation Trust or Hull University Teaching Hospitals NHS Trust, ensuring that figures are not double-counted.

There has been a negative impact since last year's report - BAME representation at the Trust is zero. The BAME representation on the Trust Board at NLAG has decreased from 14.3% in 2024 to 0% in 2025. Despite the Shared Group Board, there is zero BAME representation at a Group level. The BAME representation at Board level is not reflective of the proportion of BAME staff within the organisation. The Board is reported to be 100% White, in contrast to a workforce that is 78.8% White and 18.4% BAME.

Of the Voting Board members we are currently showing no BAME representation.

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Progress to date to Support BAME Staff

The advancements made in the past year to assist BAME staff within the workforce are outlined below.

1

Continue to embed the Zero Tolerance to Racism Framework

The continuation of the reporting tool has seen regular if not profuse reporting through the year and numerous interventions that have supported BAME staff. The presence of the tool in itself acts as a deterrent to racist behaviours but is not universally welcomed. So BAME staff are reporting less discrimination from colleagues and managers in the Staff Survey. The tool made a significant contribution to NLaG winning an HSJ Patient Safety award

2

Continued support for Internationally Educated Staff

We have monthly wellbeing meetings with our International Educated Staff and the focus of those meetings has shifted from experiencing discrimination to wanting to understand what they have to do in order to be able to progress their careers in the future. The a Stay and Thrive group continues to meet to drive the agenda. A group came together to unofficially organise a social event over the Xmas period for staff that might not otherwise have anybody to spend time with socially over that period.

3

Development of the BAME Staff Network

The BAME Staff Network's across the group are now both active and contributing to supporting staff both from a pastoral basis and to advocate for increased representation and providing a sense of community to staff.

4

Governance

An Equality, Diversity, and Inclusion Steering Group is now operating to inform the work priorities of the EDI team and the broader group of staff support the agenda across the organisation. This group is able to challenge and establish a cohesive workplan that will give the Trust Board assurance in terms of meeting our equality duties.

In addition the network Chair's represent their constituents in the Organisation to help them to have fully inclusive experiences at work The Group Executives now meet on a scheduled basis to help frame Organisation policies.

5

Education and Development

As a development to the EDI training across both sites the Practice learning team along with the EDI Team deliver Cultural Competency training sessions aligned to the NHSE Nursing Directorate National Course.

We have also facilitated NHSE to deliver the Step Up Programme across the organisation to cohorts of our internationally educated colleagues. The Embracing the Challenge of Inclusive Leadership training continues to be delivered across the organisation.

Action Plan

Although this year's national WRES reports indicate positive progress in some areas, it is clear that considerable effort is still required to improve the experiences of BAME employees within the trust. To address this, an Action Plan has been created based on the 24/25 WRES technical data results, aimed at bridging the gap in workplace experiences between BAME and White staff. A comprehensive workplan accompanies the Action Plan.

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
1. Develop an abridged version of the Zero Tolerance to Racism Framework and Relaunch to get better awareness • Support the Trust to tackle all forms of racism • Support our BAME Staff *Prepare a shortened reference version of the Framework to make reporting easier *Create an environment where people aren't reluctant to report	Indicators 5, 6, 8 EDS 2022 2B	2026/27 Ongoing	EDI Team
2. Develop and Grow the BAME Staff Network • Run a Groupwide Network conference to showcase achievements of prominent BAME staff in the Organisation • Introduce the inaugural Dumbor Ngaage award to recognise the contribution of BAME individuals to the organisation	All EDS 2022 2B	February 2027/Ongoing	EDI Team

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
3. Support Internationally Educated Staff • Develop and implement Bridge programme to support children of our International staff who can't access University funding to engage with the education system via Apprenticeships *NHSE Step Up programme (Start to Elevate your Professional Career) for our Nursing & AHP colleagues to be run internally	Indicators 1, 2, 7 EDS 2022 2B, 2C	April 27/ Ongoing	EDI Team / Nursing
4. Introduce an Inclusive Recruitment Project & Toolkit Stage One Data Analysis: a. Data Analysis Importance: Group discussed the importance of analysing recruitment data, including both successful and unsuccessful candidates, to understand trends and disparities. b. Disaggregation by Characteristics: They emphasised the need to disaggregate data by protected characteristics to identify and address any systemic inequities in the recruitment process. c. Promotion Analysis: Highlighted the significance of understanding promotion to higher bandings, expressing interest in seeing data on promotion rates and potential disparities.	Indicator 2, 7 EDS 2022 2D	March 27/Ongoing	EDI Team/Recruitment

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
5. Ensure BAME staff are treated Equitably in HR Processes • Develop and implement an RCN type programme that trains BAME staff to be cultural inclusion ambassadors so that they can contribute to Recruitment panels and Disciplinary, Capability or Probation processes to ensure BAME staff are treated fairly	Indicators 1, 2, 3, 8 EDS 2022 2B, 2C	April 27/ Ongoing	EDI Team / Nursing
6. Introduce Patient Racism Standard Operating Procedure (SOP) *Pilot a new SOP on how to address the issues of Patients being racist towards our staff *Take through governance and get Board sign off *Identify the resource to take the responsibility to address issue with Patients *Launch across the group in a roll out aligned to the Ward accreditation process	Indicator 3, 5 EDS 2022 2D	Pilot Complete October 26/Launch January 27 then Ongoing	EDI Team/Recruitment

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
7. Work across Organisation to develop inclusivity to BAME staff *Develop a new programme that is personalised to our needs evolving the National NHSE Nursing Directorate course *Deliver Cultural Competency workshops to improve understanding of how to be inclusive *Highlight differences of experience and cultural gaps *Identify the resource to deliver this work plan *Launch across the group in a roll out aligned to the Ward accreditation process	Indicators 1, 2, 6, 8 EDS 2022 2B, 2C	September 26/ Ongoing	EDI Team / Nursing

Appendix

Collection name: **Workforce Race Equality Standard (WRES) Data Collection**

For: **Northern Lincolnshire and Goole NHS Foundation Trust (RJL)**, FY2025/26

Submitted: **Fri, May 22, 2026, 10:25 AM** by **Marie Hill (marie.hill12@nhs.net)**

Status: **Draft**

Welcome to the WRES 2026 Data collection

Please exclude all NHS held bank worker data from your submission. Bank workers are defined as workers who in your organisation work solely on a zero hour/'bank only' contract.

Thank you for completing this data submission.

Further Information

- Guidance on how to complete the submission can be found in the Guidance (Link:) and Additional Information (Link:) documents.
- Answers to common questions about the Data Collection Framework (DCF) system that is used to collect your data can be found in the DCF submitting data support guide (Link:).
- If you have a query about the data definitions used by the collection, or a business or policy query, not answered by the links above please contact us by emailing: england.mandatedstandards@nhs.net (Link:).
- For all other queries including technical queries, adding or removing users, problems logging in and password resets, please contact us by creating a ticket at the National Service Desk NHS customer portal (Link:).

Indicator 1a - Non-Clinical Workforce

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Under Band 1				1	0	0
Band 1				1	0	0
Band 2				1108	33	23
Band 3				439	15	6
Band 4				185	7	1
Band 5				159	6	4
Band 6				78	11	1
Band 7				79	2	0
Band 8A				34	0	0
Band 8B				30	2	0
Band 8C				19	0	1
Band 8D				10	0	0
Band 9				1	0	0

Indicator 1b - Clinical Workforce

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Under Band 1				5	0	0
Band 1				1	0	0
Band 2				349	31	9
Band 3				1019	89	16
Band 4				182	5	0
Band 5				1041	452	52
Band 6				713	159	22
Band 7				477	53	3
Band 8A				106	13	1
Band 8B				19	4	0
Band 8C				12	0	0
Band 8D				4	0	0
Band 9				2	0	0
VSM				5	1	7

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Indicator 1 - Medical and Dental Consultants

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Medical & Dental Consultants				49 *	180 *	18 *
Of which Senior Medical Manager				2 *	2 *	2 *
Non-consultant career grade				19 *	144 *	13 *
Trainee Grades				93 *	255 *	37 *
Other				0 *	0 *	0 *

Number of staff in Workforce

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
				6250	1462	222

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts.

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Number of Shortlisted Applicants				3531 *	2185 *	481 *
Number Appointed from Shortlisting				859 *	255 *	319 *
Relative likelihood of appointment from shortlisting	%	%	%	24.33 %	11.67 %	66.32 %
Relative likelihood of White staff being appointed from shortlisting compared to BME staff				2.08		

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note: This indicator will be based on year-end data.

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Number of staff in workforce				6250	1462	222
Number of staff entering the formal disciplinary process				82 *	28 *	2 *
Likelihood of staff entering the formal disciplinary process	%	%	%	1.31 %	1.92 %	0.9 %
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff					1.46	

Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD.

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Number of staff in workforce				6250	1462	222
Number of staff accessing non-mandatory training and CPD				6250 *	1453 *	208 *
Likelihood of staff accessing non-mandatory training and CPD	%	%	%	100 %	99.38 %	93.69 %
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff				1.01		

Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce.

	Last Year			This Year		
	White	BME	Ethnicity Unknown/ Null	White	BME	Ethnicity Unknown/ Null
Total Board members				3 *	0 *	0 *
of which: Voting Board members				3 *	0 *	0 *
Non-voting Board members				0	0	0
Exec Board members				1 *	0 *	0 *
Non-exec Board members				2	0	0
Number of staff in workforce				6250	1462	222
Total Board Members - % by Ethnicity	%	%	%	100 %	0 %	0 %
Voting Board Members - % by Ethnicity	%	%	%	100 %	0 %	0 %
Non-voting Board Members - % by Ethnicity	%	%	%	0 %	0 %	0 %
Executive Board Members - % by Ethnicity	%	%	%	100 %	0 %	0 %
Non-executive Board Members - % by Ethnicity	%	%	%	100 %	0 %	0 %
Overall Workforce - % by Ethnicity	%	%	%	78.8 %	18.4 %	2.8 %
Difference (Total board - Overall workforce)	%	%	%	21.2 %	-18.4 %	-2.8 %